

Case Number:	CM14-0069157		
Date Assigned:	07/14/2014	Date of Injury:	04/05/2012
Decision Date:	08/21/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 27-year-old female with reported industrial injury on 4/5/12 with right knee injury. The claimant is status post right knee anterior cruciate ligament (ACL) reconstruction and meniscal repair on August 2013. Utilization review report from 9/20/13 demonstrates that claimant received 12 visits of physical therapy on 9/20/13. Utilization review report demonstrates partial certification of 6 additional session of physical therapy to right knee with transition to self-directed home exercise program. Exam note 3/18/14 demonstrates that claimant reports right knee symptoms are improving with range of motion to right knee of 0-140 degrees and 4/5 motor strength. The request is for 12 additional sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy post-operatively, additional 3 times weekly for 4 weeks treating the right knee # 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: According to the CA MTUS/Post-Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. In this case, the exam note from 3/18/14 does not demonstrate any significant objective findings to warrant an exception to warrant additional visits of therapy. There is no range of motion deficits to warrant further visits. It is not clear why the patient cannot reasonable be transitioned to a self-directed home program. Therefore, the determination is not medically necessary.